

Participant Agreement

Cooper/Clayton Stop Smoking Class

- Classes will follow the curriculum developed by Dr. Thomas Cooper and Dr. Richard Clayton.
- Group discussions will focus on the Cooper Clayton Method to Stop Smoking. Please limit what you share with the group to your efforts to become a nonsmoker.
- Group discussion is important, but not required. If you do not feel comfortable talking in a group, simply say “pass.”
- Be polite and give the individual who is speaking your complete attention with no interruption. All participants will have time to talk.
- Respect group members’ opinions. Refrain from offensive behavior or language during group discussion.
- Maintain confidentiality during this program. Information such as who attends the program or discussions that occur during meetings should not be shared with anyone outside of the class.
- If you are continuing to smoke by Week 6 of the program, we require that you stop coming to this session and consider starting the next Cooper/Clayton session available.
- Cell phones must be turned off at the start of class.

Nicotine Replacement Therapy

The Cooper/Clayton program is designed around the use of Nicotine Replacement Therapy (NRT).

- See “Nicotine Replacement Therapy Information” handout for details.
- Participants can receive 6 weeks of NRT free from the Louisville Metro Department of Public Health & Wellness (LMPHW). Participants with health insurance that covers NRT are encouraged to obtain a prescription from their health care provider and pick up NRT at a pharmacy.
- Attendance at Cooper Clayton class is required to receive the patches. Each participant may be granted two excused absences during the class at the discretion of the facilitator. Participants are responsible for making up information shared at the missed class and for making arrangements to pick up their NRT.

If you are taking any prescription medicine or are under a doctor’s care for any condition, ask your doctor if you can safely use NRT and/or need any medication adjustments.

I have read and understand the program requirements.

I understand that the information on my Participation Registration/History form and my weekly attendance and NRT usage will be sent to program coordinators at LMPHW.

Participant’s signature _____

Date _____